



DEPARTMENT OF ECOLOGY AIR QUALITY PROGRAM  
GENERAL ORDER APPLICATION  
STATIONARY ROCK CRUSHER

**I. PERMITTING AUTHORITY (Send Completed Application to this address)**

**In Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Walla Walla, and Whitman counties:**

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*If you need this publication in alternate format, please call Tami Dahlgren at (360) 407-6800. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

**II. COMPANY INFORMATION**

|   |                                    |                  |
|---|------------------------------------|------------------|
| 1. Full Legal Name of Company                         |                                    |                  |
| 2. Company Mailing Address (street, city, state, zip) |                                    |                  |
| 3. Company Contact Person, Title, and cell phone      |                                    |                  |
| 4. Company Phone #                                    | 5. Company electronic mail address | 6. Company FAX # |

**III. PLANT INFORMATION**

|   |  |
|---|--|
| 1. Plant Designation (a separate application must be filled out for each plant) |  |
| 2. Plant Operator or Foreman  |  |
| 3. Plant Operator's Cell Phone #  | 4. Plant Capacity (tons/hour)              |
| 5. Total 2002 Washington Production (tons)                                      | 6. Total 2003 Washington Production (tons) |
| 7. Total 2004 Washington Production (tons)                                      | 8. Total 2005 Washington Production (tons) |

#### IV. PLANT INFORMATION

Diagram of normal plant configuration w/ generators, tanks, and location of all spray bars.

#### V. PLANT OPERATIONS DATA

1. Average Estimated Operating Schedule:

\_\_\_\_\_Hours per Day \_\_\_\_\_Days per Week \_\_\_\_\_Weeks per Year \_\_\_\_\_Total Days per Year

2. Quarterly Estimated Percentage of Facility Operation

\_\_\_\_\_Jan-Feb-Mar \_\_\_\_\_Apr-May-Jun \_\_\_\_\_Jul-Aug-Sep \_\_\_\_\_Oct-Nov-Dec

**VI. EQUIPMENT INFORMATION**

| <b>PROCESS</b>                  | <b>EQUIPMENT DESCRIPTION</b><br><b>(size, model manufacturer)</b> | <b>CAPACITY</b><br><b>Tons per hour</b> |
|---------------------------------|---|---|
| <b>1. Primary (Jaw) Crusher</b> |   |   |
| <b>2. Scalping Screen</b>       |   |   |
| <b>3. Secondary Crusher</b>     |   |   |
| <b>4. Sizing Screen</b>         |   |   |
| <b>5. Tertiary Crusher</b>      |   |   |
| <b>6. Fines Screen</b>          |   |   |
|                                 |   |   |

**VII. SIGNATURE BLOCK**

Name of Person Filling Out This Form

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_